Case 1:07-cv-03798-l	Complete items 1, 2, and 3. Also complete tems 4 is Residered Delivery is desired 0 06/08/  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delive  5-29-07
	1. Article Addressed to:  DARTZ MND MNTZ INCARPOLATED	D. Is delivery address different from Item 1?
	99 CRAND STREET, SUTE 18 MODHACHIE, NJ 07074	3. Service Type
	MODULACINE, 107 O 4044	☐ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandi ☐ Insured Mail ☐ C.O.D.
		4. Restricted Delivery? (Extra Fee) ☐ Yes
	2. Article Number (Transfer from service label) RB 8	60921357 US
	PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1

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